



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of Sevelamer (Renagel)

Pharmaceutical Services
 Department of Health and Community Services
 P.O. Box 8700, Confederation Bldg.
 St. John's, NL A1B 4J6

Phone: (709) 729-6507
 Toll Free Line: 1-888-222-0533
 Fax: (709) 729-2851

Patient Information

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number

Address

Diagnostic / Drug Information

Diagnosis:

Hyperphosphatemia Other _____

Patient on hemodialysis: Is patient is compliant with other phosphate binder and diet therapy:

Yes Yes

No No

Most Recent Serum Chemistry

Date	Total Calcium (mmol/L)	Phosphate (mmol/L)	Ca X P

Present Phosphate Binder(s)

Agent _____	Dose _____
Agent _____	Dose _____

Vitamin D Analogue

Agent _____	Dose _____
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Planned starting dose of Sevelamer: _____

For RENEWAL of coverage:

Has the patient been compliant with diet and Sevelamer? Yes No

AND

Has the hyperphosphatemia control improved? Yes No

AND

Has serum calcium been reduced? Yes No

Prescriber Information / Requested By:

Nephrologist/
 Internist Name: _____ License Number: _____
 (please print)

Address: _____ Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Pharmacist Name: _____ Pharmacy Name: _____
 (optional) (optional)

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

Version June 2009 – Replaces previous forms